



Hospital Fiscal Report  
 State Form 49520 (R2 /7-02)  
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: FRANCISCAN HEALTH CRAWFORDSVILLE

City of Hospital: Crawfordsville

Year Begin: 01/01/2020 (mm/dd/yyyy format)

Year End: 12/31/2020 (mm/dd/yyyy format)

Person Completing the Report: David Ostheimer

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Medicare Provider Number: 15022

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$38153428
Outpatient Patient Service Revenue	\$190875547
<b>Total Gross Patient Service Revenue</b>	<b>\$229028975</b>

2. Deductions From Revenue

Contractual Allowance	\$151192476
Other Deductions	\$11167908
<b>Total Deductions</b>	<b>\$162360384</b>

3. Total Operating Revenue

Net Patient Service Revenue	\$66668591
Other Operating Revenue	\$6032140
<b>Total Operating Revenue</b>	<b>\$72700731</b>

4. Operating Expenses

Salaries and Wages	\$17374788	Employee Benefits	\$4641669
Depreciation and Amortization	\$4262904	Interest Expense	\$1199838
Bad Debt	\$489034	Other Expenses	\$31069596
<b>Total Operating Expenses</b>	<b>\$59037829</b>		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$13662901	Total Assets	\$56847442
Net Non-operating Gains over Loss	\$250187	Total Liabilities	\$9761082

Total Net Gains	\$13913088
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Statement Two: Contractual Allowance
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Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$115129176	\$92089041	\$23040135
Medicaid	\$34217647	\$24455226	\$9762421
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$79682152	\$34648209	\$45033943
Total	\$229028975	\$151192476	\$77836499

Statement Three: Donations Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$10459	\$-10459

Statement Four: Research Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement
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Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$2887	\$-2887
Hospital Patients	\$0	\$0	\$0
Community Education	\$103643	\$738828	\$-635185

Number of Medical Professionals Trained	13
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	8091

Statement Six: Charity Statement
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Hospital Charity Charges	\$11167908
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$2582746	
HCI Payments	\$0		
Subtotal	\$0	\$2582746	\$-2582746
Medicaid Shortfalls	\$10095689	\$12132112	
Subtotal	\$10095689	\$14714858	\$-4619169
DSH Payments	\$0		
Subtotal	\$10095689	\$14714858	\$-4619169
Medicare Shortfalls	\$23659589	\$31407623	
Other Government Programs	\$0	\$0	
Total	\$33755278	\$46122481	\$-12367203

Statement Seven: Subsidized Health Services for the Community
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$3123329	\$7689772	\$-4566443

Comments

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